

<b>Case Number:</b>	CM15-0053943		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who reported an injury on 04/20/2012. The mechanism of injury was a slip and fall. He is diagnosed with cervical sprain/strain and radiculitis secondary to disc herniation; thoracic spine sprain/strain; bilateral shoulder tendonitis and rotator cuff tears; right lateral epicondylitis status postsurgery; umbilical hernia status post surgical repair; bilateral knee sprain/strain, and left knee meniscal tear; lumbar spine sprain/strain; and left wrist osteoarthritis. His past treatment has included an unspecified number of sessions of physical therapy, cortisone injections to the right shoulder and right wrist, work restrictions, chiropractic treatment, psychological treatment, extracorporeal shockwave therapy sessions to the bilateral shoulders and right elbow, biofeedback, home exercise, acupuncture, shoulder surgery, inguinal hernia surgery, use of a left wrist brace, right elbow surgery, and medications. The injured worker underwent a right lateral elbow release and reconstruction for right lateral epicondylitis on 10/30/2014. The injured worker's symptoms were noted to include low back pain with radicular pain to the bilateral lower extremities, bilateral shoulder pain, right elbow pain, bilateral knee pain, and left wrist pain. It was noted that his medications had been helpful and he would be given refills. It was noted that his functional status had not changed since the last examination. His medications were listed to include tramadol 50 mg twice a day as needed, naproxen 550 mg twice a day as needed, and cyclobenzaprine/tramadol topical cream. Physical examination of the right elbow revealed tenderness of the medial and lateral epicondyles, mildly decreased motor strength to 5-/5 in right elbow extension, and range of motion value were not provided. Physical examination of the left wrist revealed tenderness over the radial aspect and

first metacarpal joint. The treatment plan included a cortisone injection to the left wrist to decrease the injured worker's pain, physical therapy and acupuncture for the right elbow which was noted to have been previously authorized, and medication refills as they were noted to have been helpful with the injured worker's pain and to have not resulted in adverse effects.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional improvement, the absence of adverse side effects, and the absence of aberrant drug taking behaviors. The injured worker was noted to have been taking Tramadol since at least 03/20/2013. The clinical information submitted for review stated that the injured worker reported that his medications had been beneficial to his pain. However, there was no documentation of measurable pain values with and without medications in order to establish adequate pain relief. There was also no documentation of significant functional improvement as it was noted that the injured worker's functional status had not changed from the time of his previous examination. Furthermore, the injured worker's most recent urine drug screen provided for review, dated 12/04/2014, was inconsistent with his reported medications and did not show evidence of Tramadol. For these reasons the injured worker did not meet criteria for continued use of this opioid medication. Furthermore, the request as submitted did not include a frequency. As such, the request is not medically necessary.

**Naproxen 550mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): s 70-73.

**Decision rationale:** According to the California MTUS Guidelines, NSAIDs are recommended at the lowest effective dose for the shortest period of time due to significant adverse effects associated with use of these medications. The clinical information submitted for review indicated that the injured worker had been utilizing naproxen since at least 03/20/2013. However, the documentation did not significantly outline that the injured worker had quantifiable pain relief and functional improvement with the use of this medication in order to

justify continued use. Furthermore, the request as submitted did not include a frequency. As such, the request is not medically necessary.

**Cyclo Tramadol cream #1 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): s 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These guidelines also state that compounded topical products that contain at least 1 agent that is not recommended are also not recommended. In regard to cyclobenzaprine, the guidelines state there is no evidence for use of muscle relaxants as topical products at this time. Additionally, the documentation did not adequately outline that the injured worker had tried and failed an adequate course of antidepressants and anticonvulsants prior to the use of this topical analgesic. For these reasons, and as the requested topical agent contains cyclobenzaprine which is not recommended by the guidelines, the topical compound is also not recommended. Furthermore, the request as submitted did not include a specific quantity or frequency of use. As such, this request is not medically necessary.

**12 physical therapy sessions for the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the California MTUS Guidelines, up to 12 visits of postoperative physical therapy are recommended after surgery for lateral epicondylitis. The clinical information submitted for review indicated that the injured worker had a right epicondylar release on 10/30/2014. However, the number of postoperative physical therapy visits completed to date was not clearly provided, as well as evidence of objective functional improvement with those visits. Furthermore, the 02/27/2015 clinical note states that the injured worker had already been authorized for postoperative physical therapy and acupuncture. Further, the injured worker's range of motion to the right elbow was not documented within this note and he was only noted to have mildly decreased motor strength in elbow extension. In the absence of significant functional deficits, as well as details regarding previous postoperative physical therapy for the right elbow, the request is not supported. As such, the request is not medically necessary.

**12 acupuncture sessions for the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the California MTUS Guidelines, acupuncture may be recommended to reduce pain and/or inflammation, increase blood flow or range of motion, decrease the side effects of medication induced nausea, promote relaxation in anxious patients, or reduce muscle spasm. When indicated, the guidelines support 3 to 6 initial acupuncture sessions to promote functional benefit prior to continuing with treatment. The clinical information submitted for review indicated that the injured worker had previously undergone at least 12 sessions of acupuncture. However, the documentation did not adequately support objective functional improvement with previous acupuncture sessions. In addition, the 02/27/2015 clinical note indicated that the injured worker had been authorized for acupuncture for the right elbow. Therefore, details regarding objective functional improvement with these recent sessions would also be needed in order to establish the need for additional acupuncture sessions. For these reasons, the request is not medically necessary.

**1 left wrist injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, invasive techniques have insufficient high quality evidence to support their use for forearm, wrist, and hand conditions. However, the guidelines do support corticosteroid injection about the tendon sheaths for possibly the carpal tunnel in cases resistant to con therapy for 8 to 12 weeks. The clinical information submitted for review indicated that the injured worker had left wrist pain and tenderness on physical examination. However, the documentation did not specifically state that the injured worker had tried and failed at least 8 to 12 weeks of conservative care specifically for the left wrist to include physical therapy. Additionally, the site of injection was not shown to be tendon sheath or carpal tunnel. Therefore, additional information is needed regarding the proposed injection, as well as conservative care specifically of the left wrist prior to proceeding with the requested injection. For the reasons noted above, the request is not medically necessary.